

January 30, 2018

Mr. Scott H. Patefield Director, Air and Toxics Technical Enforcement Program U.S. EPA - Region 8 1595 Wynkoop Street (8ENF-AT) Denver, CO 80202-1129 RECEIVED

FEB 1 - 2019

Office of Enforcement, Compliance and Environmental Justice

Re: NSPS Subpart OOOOa Annual Report (May 22, 2018 – December 31, 2018)

Andeavor Field Services LLC Knife River Compressor Station

Dear Mr. Patefield,

Andeavor Field Services LEC (Andeavor) owns and operates the Knife River Compressor Station, located in Mountrail County, North Dakota. The facility is considered an applicable compressor station under 40 C.F.R. 60.5397a and is therefore subject to 40 C.F.R. Subpart OOOOa, Pursuant to 40 C.F.R. Subpart OOOOa, Andeavor submits this initial report for the reporting period of May 22, 2018 – December 31, 2018. The next report will account for the entire calendar year of 2019.

Also enclosed is a Certification of Truth, Accuracy, and Completeness.

If you have any questions or require additional information, please contact me at 303-606-3445 or at Kenan.Bisic@andeavor.com.

Sincerely,



Kenan Bisic Environmental Specialist



OMB No. 2060-0336, Approval Expires 05/31/2019

Federal Operating Permit Program (40 CFR Part 71) CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS (CTAC)

This form must be completed, signed by the "Responsible Official" designated for the facility or emission unit, and sent with each submission of documents (i.e., application forms, updates to applications, reports, or any information required by a part 71 permit).

Name: (Last)Jackson	(First) Jonathan (MI) C
Title Senior Director, Gas Ga	athering & Processing - MidCon
Street or P.O. Box 1801 Cal	ifornia Street, Suite 1200
City Denver	State CO ZIP 80202 -
relephone (303) 434 - 6647	Ext Facsimile ()
	uracy and Completeness (to be signed by the
B. Certification of Truth, According responsible official) I certify under penalty of law, bainquiry, the statements and informaccurate and complete.	
B. Certification of Truth, According responsible official) I certify under penalty of law, bainquiry, the statements and information of the statements and information of the statements and information of the statements.	uracy and Completeness (to be signed by the

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

				SITE INFORMATION						ALTERNATIVE ADDRESS INFO	
acility Record No. (Field value will automatically enerate if a value is not entered.)	Company Name * (§60.5420a(b)(1)(i))	Facility Site Name * (§60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (§60.5420a(b)(1)(i))	Address of Affected Facility * (§60.5420a(b)(1)(i))	Address 2	City*	County *	State Abbreviation		Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (§60.542Ga(b)(1)(i))
STEE SO	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings Count	heg.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456

NATION (IF NO PHYSICAL ADDR	RESS AVAILABLE FOR SITE *)	REPORTING I	NFORMATION	PE Certification	ADDITION	AL INFORMATION
Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (660.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.; addlinfo.zip or XYZCompressorStatio n.pdf
(b) (9)		5/22/2018	12/31/2018	N/A	Initial report; re	porting period begins

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.54208(b) Annual Report

For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an owner or operator must include the records of each monitoring survey inclus

The asterok (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up.)	Affected Facility *	Date of Survey *	Survey Begin Time * (960.5420a(b)(7)(iii)			Ambient Temperature During Survey * (§60.5420a(b)(7)(iv))	5650 5420u/8471(lul)	Maximum Wind Speed During Survey * (§60.5420a(b)(7)(iv))	Monitoring Instrument Used * (§60.5420a(b)(7)(v))	Deviations From Monitoring Plan (if none, state none.) * (\$60.5420e(b)(7)(vii)
	e.g.: Well Site ABC	eg:8/13/17	e g.: 10:00 am	e g. 100 pm	e.g. John Smith	eg: 90%	e.g. Sunny, no clouds		e.g.: Company ABC optical gas imaging camera	e.g. None
	Enife River Compressor Station	7/13/2018	8:12 AM	9:49 AM	Manssa McEligot	63 F	Sunny	2 mph	FUR GF-320	None

Type of Component for which Fugitive Emissions Detected * (\$60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (§60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in \$60.5397a(h) " (\$60.5420a(b)(7)[viii])	Number of Each Component Type Not Repaired as Required in § 60.5397a(h) * (§60.5420a(b)(7)(viii))	Monitor Components	Number of Each Difficult- to-Monitor Component Type Monitored * (§60.5420a(b)(7)(ix))	Type of Unsafe-to- Monitor Component Monitored * (960.5420a(b)(7)(x))	Number of Each Unsafe-to Monitor Component Type Monitored * (§60.5420a(b)(7)(x))	Date of Successful Repair of Fugitive Emissions Compone (§60.5420a(b)(7)(x))
g: Valve	eg:)	e.g.: Valve	eg:1	e.g.: Valve	eg:1	e.g.:Valve	eg 1	*g: 11/10/16

				OGI	Compressor St	ation Affected Facility Only	
Type of Component Placed on Delay of Repair * (560 5420a(b)(7)(xii)	Number of Each Component Type Placed on Delay of Repair * [§60.5420a(b)(7)(xi))	Explanation for Delay of Repair ** (\$60.5420a(b)(7)(xi))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (§60.5420a(b)(7)(xii))	Training and Experience of Surveyor * (§60.5420a(b)(7)(iii))	Was a monitoring survey	If a monitoring survey was waived, th calendar months that make up the quarterly monitoring period for whic the monitoring survey was waived. (§60.5420a(b)(7))	
r.g.: Value	eg:1	e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera	e.g. Trained thermographer, completed 40-hour course at. XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March	
None	0	N/A		ad OGI Specialist; Dexter-trained DGI Operator; 1+ years of ex-	No	N/A	